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2011 SEP 26 AM 10: 35 FEC MAIL CENTER



September 15, 2011

Federal Election Commission 999 E Street, NW Washington, DC 20463

Dear Sir or Madam:

Attached please a completed "Form 1, Statement of Organization" for a Political Action Committee named CausePAC.

This committee intends to make independent expenditures and, consistent with the U.S. Court of Appeals for the District of Colombia Circuit decision in $Spech-Now\ v\ FEC$, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind or via coordinated communications, to federal candidates or committees.

If you should have any questions, please submit them to me or Zac Townsend, CausePAC's Secretery, at the address below.

Thank you very much.

Respectfully submitted,

Alex Voetsch, Treasurer

CausePAC 32 Grove Pl

Babylon, NY 11702

11030663861

FEC FORM

STATEMENT OF ORGANIZATION

RECEIVED 2011 SEP 26 AM 10: 35

FORM 1	O	RGANIZAI		EC MAIL CENTER	
1. NAME OF COMMITTEE (in			Example:If typing, type over the lines.	12FE4M5	ancarego e e e e e e e e e e e e e e e e e e
CausePA	C,				
ADDRESS (number a	nd street) 32 C	Grove Pla	ce		
(Check if an is changed)		ylon		NY	11702 2709
		CIT	Υ	STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	agoress	orovide only one e-ma	•		
COMMITTEE'S WEB	PAGE ADDRESS (UP	Ť			
(Check if is change	address	v,causepa	ac.com		
2. DATE 0 5	15 20	0111			·
3. FEC IDENTIFIC	CATION NUMBER	C	necessary and an experience of the second	·	
4. IS THIS STATE	MENT NEW	(N) OR	AMENDED (A)		
I certify that I have a	ملا	x Voetch	my knowledge and belief it	is true, correct a	nd complete.
Signature of Treasure	er <i>Ul</i>	I fel	2	Date 09	15 2011
NOTE: Submission of			subject the person signing the SHOULD BE REPORTED WI		ne penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

FE	EC Form 1 (Revised 02/2009)	Page 2
TYPE (OF COMMITTEE	
Cendi	lidate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(p)	This committee is an authorized committee, and is NOT a principal campaign committee. (Completinformation below.)	ete the candidate
Name o Candida		·
Candida Party A	date Office House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o		
Party	Committee:	
(d)		emocratic, epublican, etc.) Party.
Politic	cal Action Committee (PAC):	37
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
(6)		•
	Corporation Corporation w/o Capital Stock	abor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbylst/Registraot PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segric committee. (i.e., nonconnected committee)	egated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	Fundraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a fedoral candidate.	or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Committees Participating in Joint Fundraiser	
	1. FEC ID number C	
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	3.	
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FEC Form 1 (Revis	sed 02/2009)	Page 3
Write or Type Committee N	Name	
CausePAC		
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
N/A		111111111
Mailing Address		
		111111111
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representati	ve Leadership PAC Sponso
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the per	rson in possession of committee
72	chary Townsend	
Full Name		
Mailing Address	217 East,7th St	
	LApt /L	111111111
	New York NY	1,1218 _ 2636
Title or Position	CITY STATE	ZIP CODE
Secretery	Telephone number	
8. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; a.g., assistant treasurer).	and the name and address of
Full Name of Treasurer	ex Voetch	
Mailing Address	413 West 52nd	
	(Apt 4A , , , , , , , , , , , , , , , , , ,	
	New York NY STATE	10019 5666 ZIP CODE
Title or Position		11 11
Treasurer	· Telephone number	╜- └┴┴

STATE

STATE

Telephone number

ZIP CODE

ZIP CODE

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Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

CITY

CITY

Name of Bank, Depository, etc.

Full Name of Designated Agent

Mailing Address

Title or Position

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Name of Bank,	Depository, e	tc.																														-		
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